

### Iowa Medicaid Enterprise Public Reporting Measures

State Fiscal Year 2014



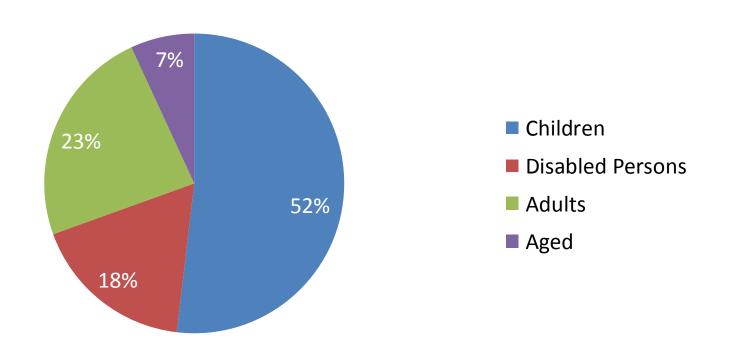
### Reporting Time Period

- State data reflects State Fiscal Year 2014
  - July 1, 2013 − June 30, 2014
- Federal data reflects Calendar Year 2013
  - January 1, 2013 December 31, 2013



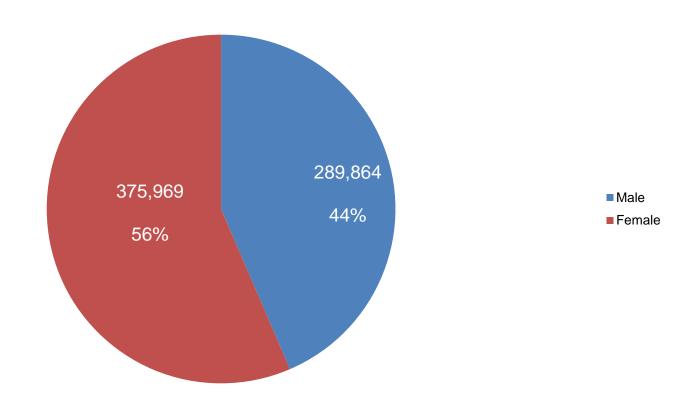
#### Who Medicaid Serves

#### **Total Enrollment SFY14**



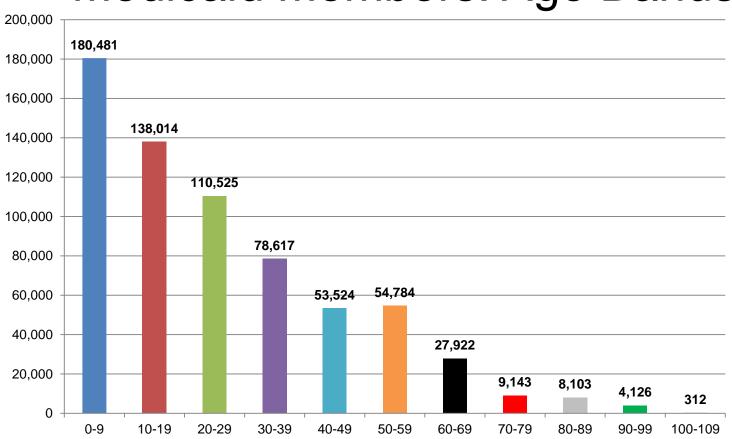


#### Medicaid Members: Gender FY14



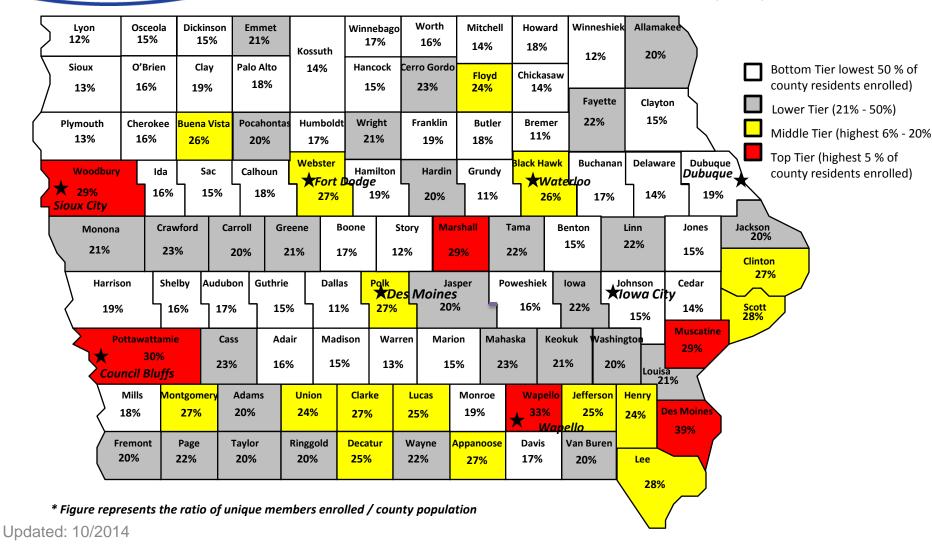


### Medicaid Members: Age Bands



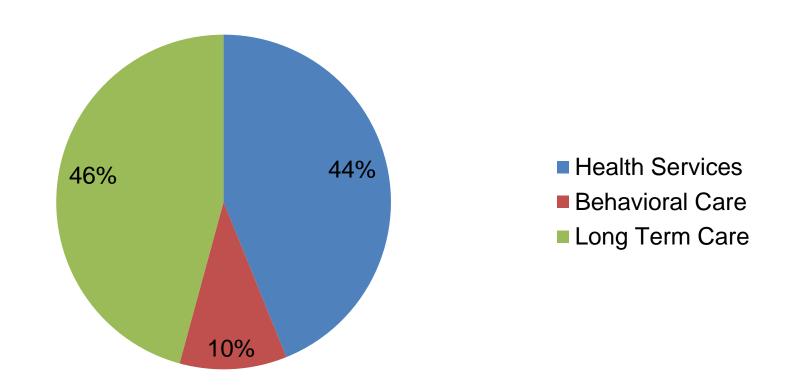


#### Member Ratio by County: Enrolled/County Population %



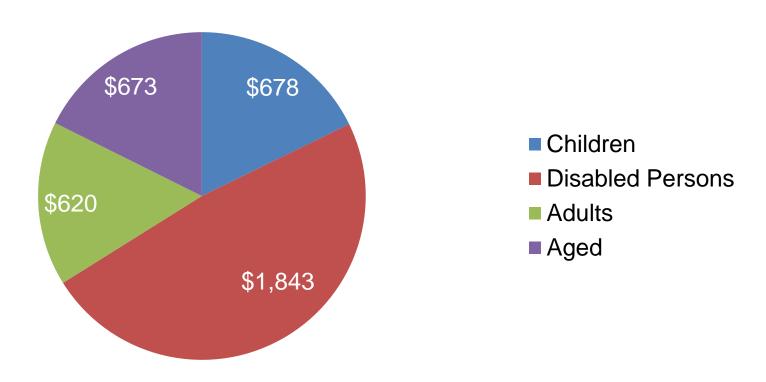


#### Medicaid Services Provided: SFY14



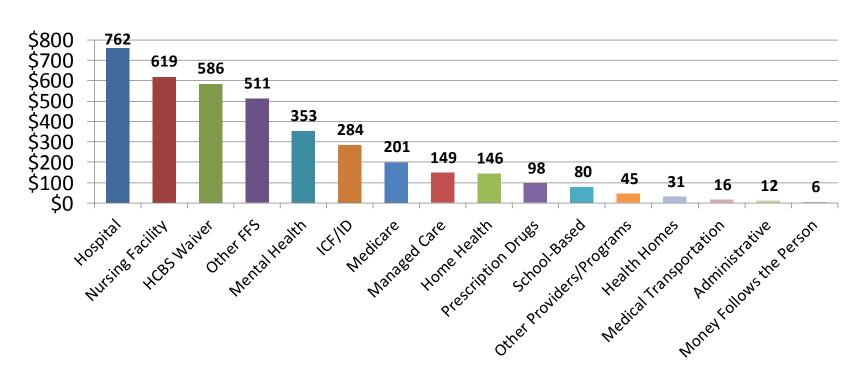


# Expenditures by Enrollment Group: SFY14 (Millions)



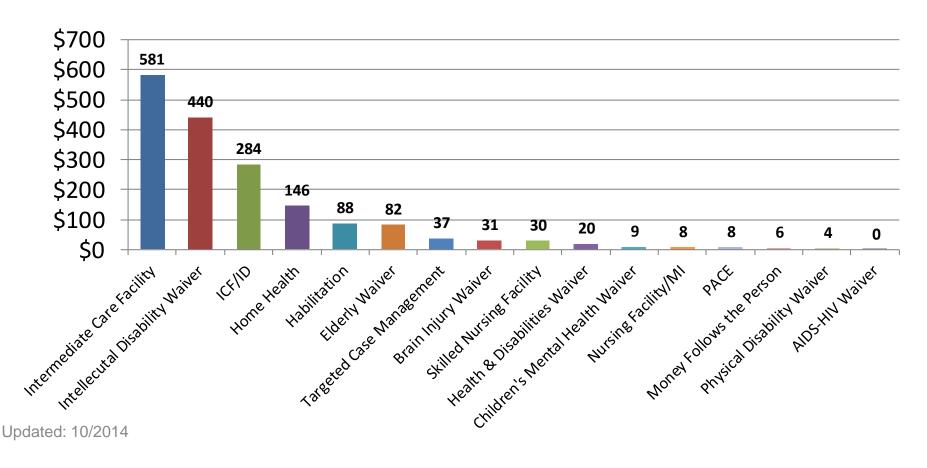


# Top SFY14 Expenditures by Category of Service (Millions)



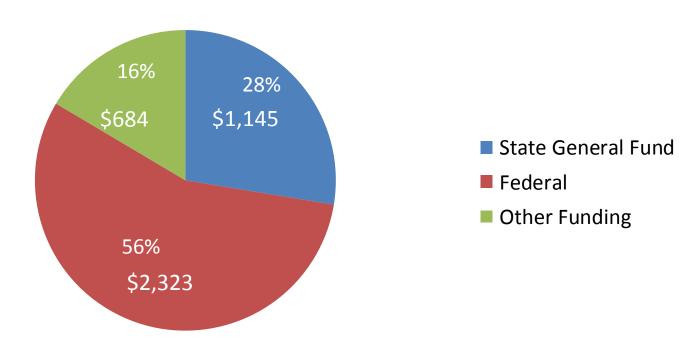


## Long-Term Care Expenditures SFY14(Millions)





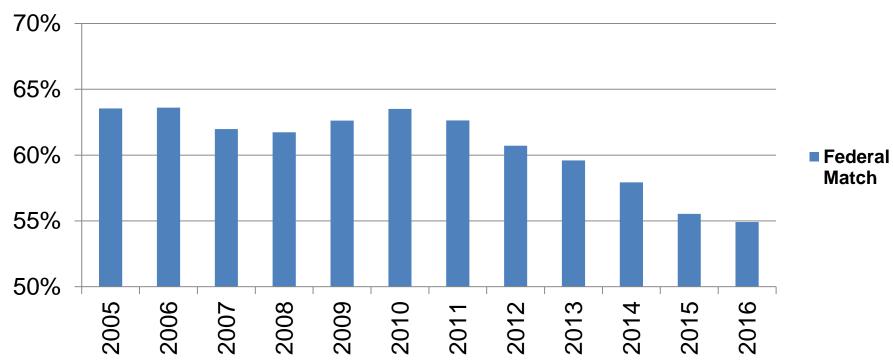
### Funding SFY14 (Millions)



Total Funding Amount: \$4,151,958,953



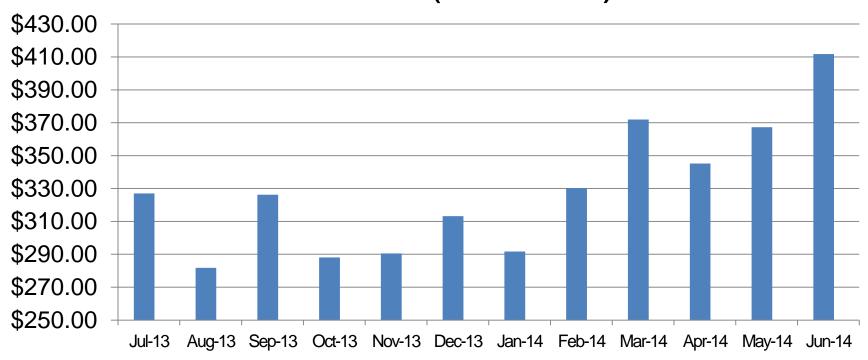
### Federal Medical Assistance Percentage\* (FMAP) FFY05-16



\*FMAP is the federal government's share of state's costs for most Medicaid services. Remaining costs are financed by the state's budget. American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased all states' FMAPs for the period October 2008 – June 2011. These increases are not reflected in the above chart

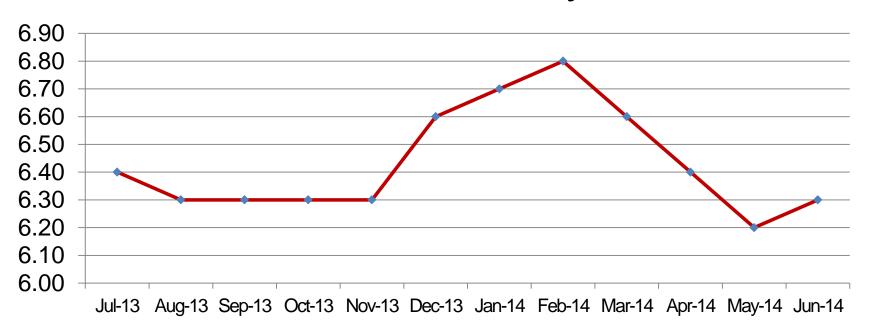


# Total Amount of Medicaid Claims Paid SFY14 (Millions)



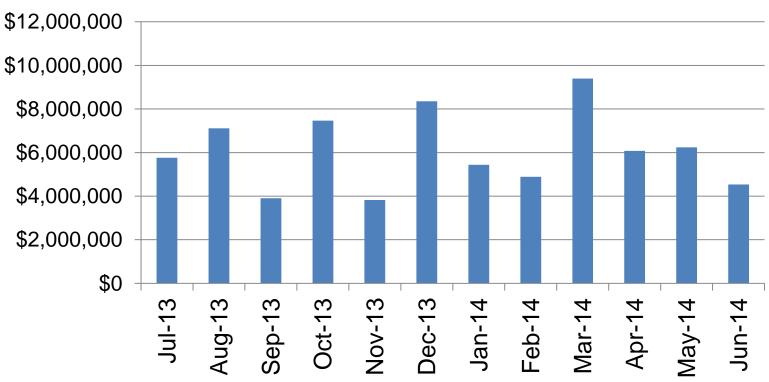


# Average Number of Days from Claim Submission to Claim Payment SFY14





#### Recoveries SFY14\*



Recoveries are funds where Medicaid has paid prior to a responsible third party that have been taken back. \*Recoveries based on Revenue Collections only, not including cost avoidance.

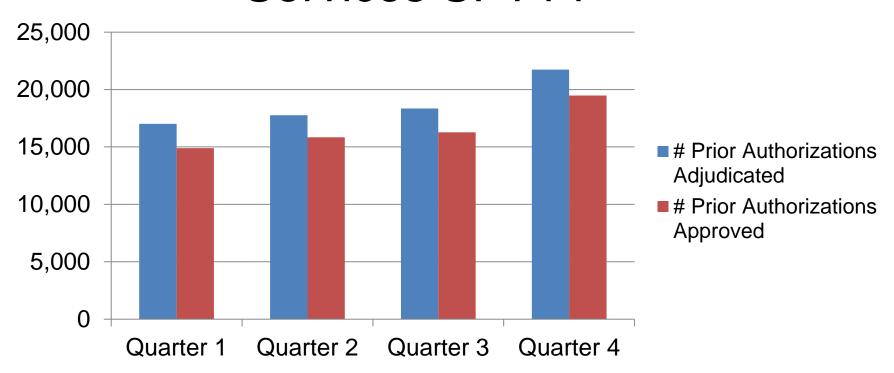


## Member Transportation Service SFY14\*





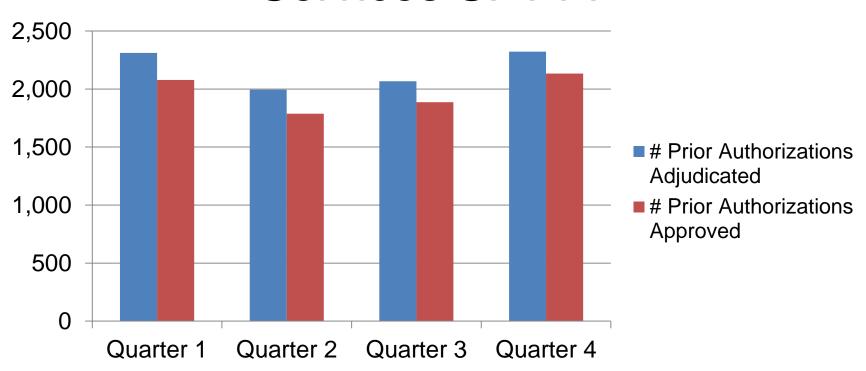
## Prior Authorizations for Medical Services SFY14\*



\*All requests must be supported by appropriate documentation certifying medical necessity that can include for services related to vision, radiology, physician and pre-procedure, children's home health, general, durable medical equipment, dental, and audiology. When medical necessity is questioned, a peer consultant is utilized to make the final determination. The medical necessity requirements for most PAs are described in provider manuals and the lowa Administrative Code.



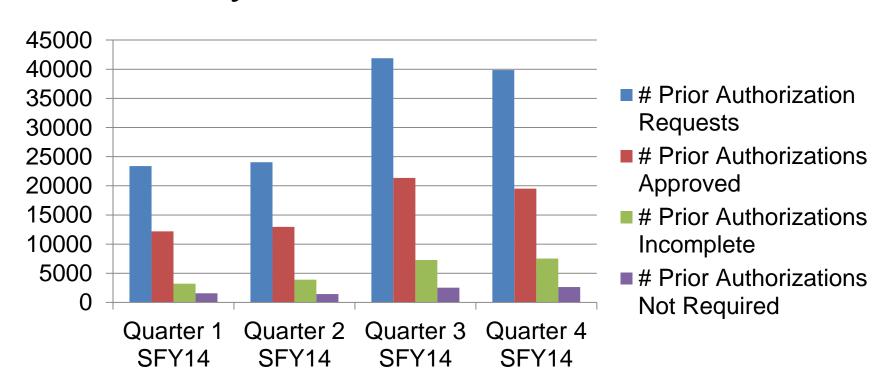
# Waiver Prior Authorizations for Medical Services SFY14\*



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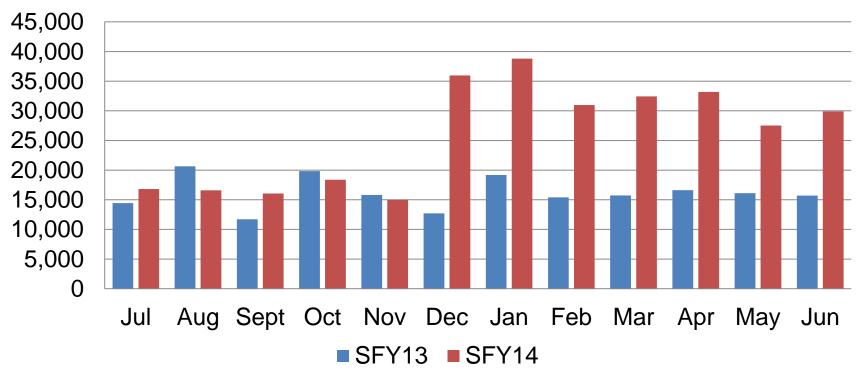
### Pharmacy Prior Authorizations SFY14\*



<sup>\*</sup>Prior authorization (PA) is a means of implementing prescribing or practice guidelines. A drug prior authorization (PA) program requires the prescriber and/or the pharmacist to obtain approval in advance from the Medicaid agency or contractor before Medicaid payment will be made for certain drugs. The program is designed to assure that the most economical drug therapy appropriate for given medical conditions is used and to assure that drug therapy is only continued for as long as it is medically necessary.

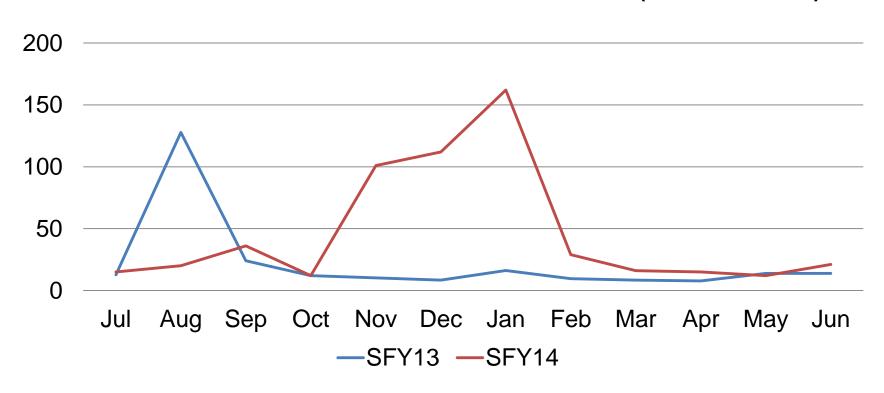


# Member Services Calls Received: SFY13 and SFY14



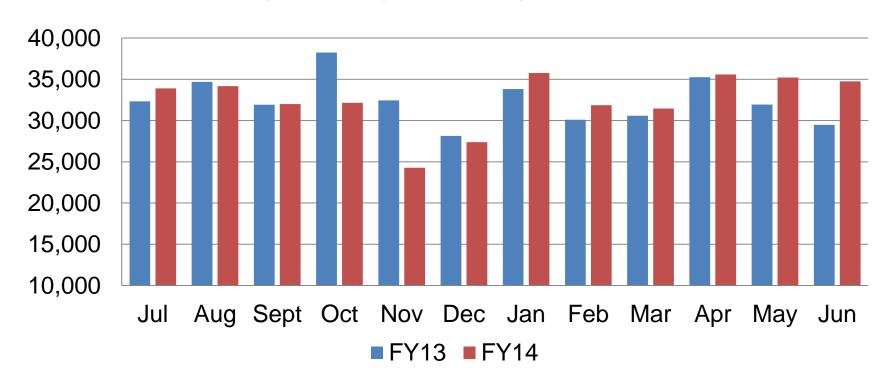


## Member Services Average Call Wait Time SFY13 and SFY14 (Seconds)



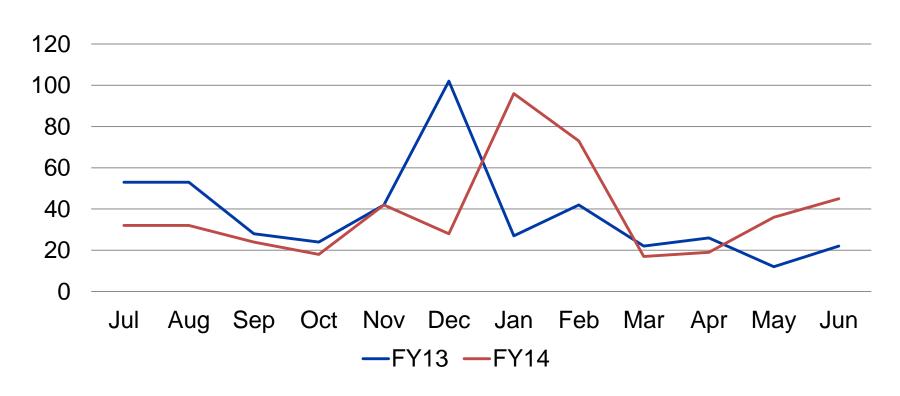


# Provider Services Calls Received SFY13 and SFY14



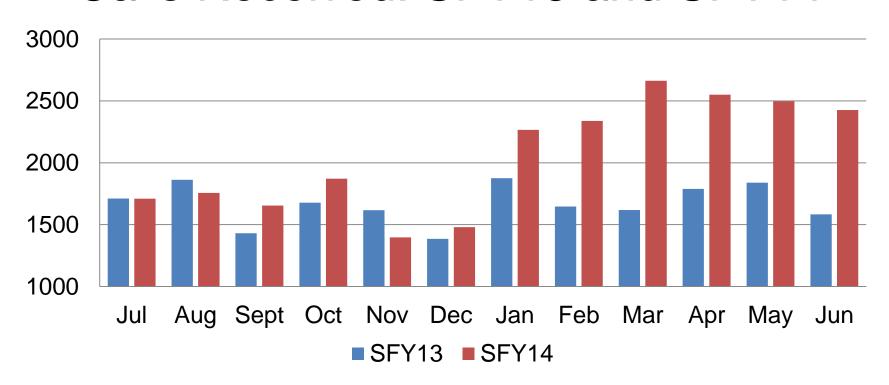


## Provider Services Average Call Wait Time SFY13 and SFY14 (Seconds)





## Pharmacy Prior Authorization: Calls Received: SFY13 and SFY14

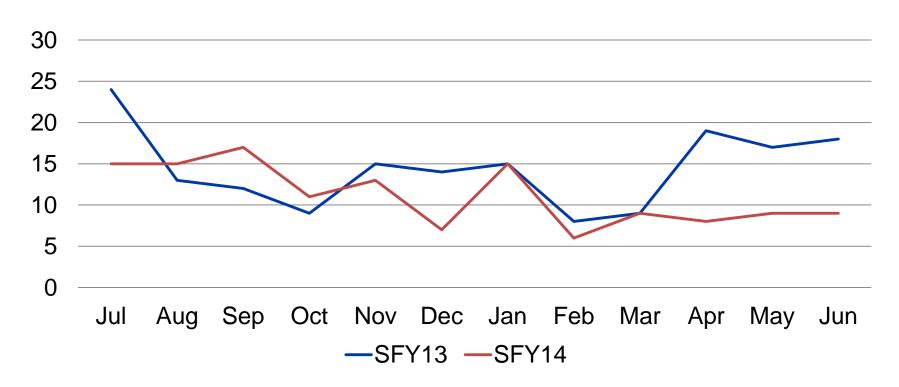


Updated: 10/2014

Prior authorization means obtaining approval for a drug before the drug is provided to a member, as a requirement for provider compensation. Prior authorization is requested from the prescriber.



### Pharmacy Prior Authorization: Average Call Wait Time: SFY13 and SFY14 (Seconds)

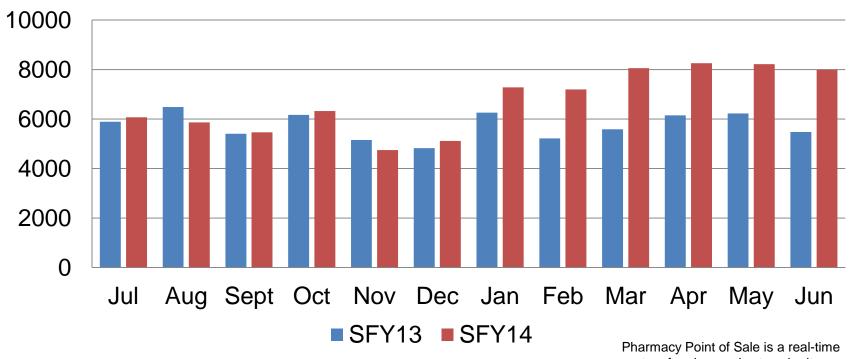


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### Pharmacy Point of Sale: Calls Received: SFY13 and SFY14

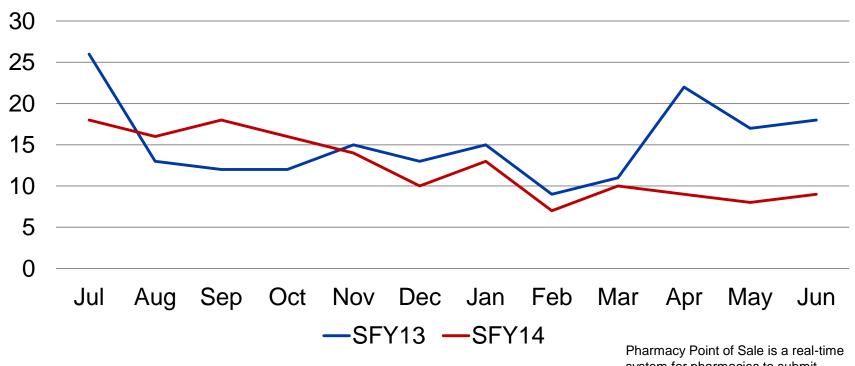


Updated: 10/2014

Pharmacy Point of Sale is a real-time system for pharmacies to submit prescription drug claims for Iowa Medicaid members and receive a timely determination regarding payment.



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